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B 22C (Official Form 22C) (Chapter 13) (04/13)

| In re | Tomeka M. Gregory | According to the calculations required by this statement: |
|--------|-------------------|---|
| | Debtor(s) | ■ The applicable commitment period is 3 years. |
| Case N | | ☐ The applicable commitment period is 5 years. |
| | (If known) | ☐ Disposable income is determined under § 1325(b)(3). |
| | | ■ Disposable income is not determined under § 1325(b)(3). |
| | | (Check the boxes as directed in Lines 17 and 23 of this statement.) |

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| ay com | elete one statement only. | | | | |
|--------|---|----------------------|----------|--|--|
| | Part I. REPORT OF INCOME | | | | |
| | Marital/filing status. Check the box that applies and complete the balance of this part of this statement of the statement of the box that applies are complete the balance of this part of this statement. | ment as directed. | | | |
| 1 | a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. | | | | |
| | b. \square Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") | ne") for Lines 2-10. | | | |
| | All figures must reflect average monthly income received from all sources, derived during the six | Column A | Column B | | |
| | calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the | Debtor's | Spouse's | | |
| | six-month total by six, and enter the result on the appropriate line. | Income | Income | | |
| 2 | | \$ 884.20 | \$ | | |
| | Income from the operation of a business, profession, or farm. Subtract Line b from Line a and | • | • | | |
| | enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, | | | | |
| | profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a | | | | |
| 3 | number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. | | | | |
| 3 | Debtor Spouse | | | | |
| | a. Gross receipts \$ 0.00 \$ | | | | |
| | b. Ordinary and necessary business expenses \$ 0.00 \$ | | | | |
| | c. Business income Subtract Line b from Line a | \$ 0.00 | \$ | | |
| | Rents and other real property income. Subtract Line b from Line a and enter the difference in | | | | |
| | the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any | | | | |
| 4 | part of the operating expenses entered on Line b as a deduction in Part IV. | | | | |
| 4 | a. Gross receipts Spouse \$ 0.00 \$ | | | | |
| | b. Ordinary and necessary operating expenses \$ 0.00 \$ | | | | |
| | | \$ 0.00 | \$ | | |
| 5 | Interest, dividends, and royalties. | \$ 0.00 | \$ | | |
| 6 | Pension and retirement income. | \$ 0.00 | \$ | | |
| | Any amounts paid by another person or entity, on a regular basis, for the household | | | | |
| 7 | expenses of the debtor or the debtor's dependents, including child support paid for that | | | | |
| 7 | purpose. Do not include alimony or separate maintenance payments or amounts paid by the | | | | |
| | debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B. | \$ 0.00 | \$ | | |
| | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. | | Ť | | |
| | However, if you contend that unemployment compensation received by you or your spouse was a | | | | |
| 8 | benefit under the Social Security Act, do not list the amount of such compensation in Column A | | | | |
| 0 | or B, but instead state the amount in the space below: | | | | |
| | Unemployment compensation claimed to | | | | |
| | be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ | \$ 0.00 | \$ | | |

| 9 | Income from all other sources. Specify source and am on a separate page. Total and enter on Line 9. Do not i maintenance payments paid by your spouse, but incluseparate maintenance. Do not include any benefits rec payments received as a victim of a war crime, crime against the second of the seco | nclude alimony or separate ade all other payments of alimony or seived under the Social Security Act or | | |
|----|--|--|---|--------------|
| | a. food stamps \$ | Debtor Spouse 311.00 \$ | \$ 311.0 | 00 \$ |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, and, if Colu in Column B. Enter the total(s). | mn B is completed, add Lines 2 through 9 | \$ 1,195.2 | |
| 11 | Total. If Column B has been completed, add Line 10, C the total. If Column B has not been completed, enter the | | \$ | 1,195.20 |
| | Part II. CALCULATION OI | F § 1325(b)(4) COMMITMENT I | PERIOD | |
| 12 | Enter the amount from Line 11 | | | \$ 1,195.20 |
| 13 | Marital Adjustment. If you are married, but are not filicalculation of the commitment period under § 1325(b)(4) enter on Line 13 the amount of the income listed in Line the household expenses of you or your dependents and sincome (such as payment of the spouse's tax liability or debtor's dependents) and the amount of income devoted on a separate page. If the conditions for entering this ada. a. b. c. | d) does not require inclusion of the income to 10, Column B that was NOT paid on a respecify, in the lines below, the basis for excite spouse's support of persons other than to each purpose. If necessary, list addition | of your spouse, gular basis for luding this he debtor or the | |
| | Total and enter on Line 13 | | | \$ 0.00 |
| 14 | Subtract Line 13 from Line 12 and enter the result. | | | \$ 1,195.20 |
| 15 | Annualized current monthly income for § 1325(b)(4). enter the result. | Multiply the amount from Line 14 by the | number 12 and | \$ 14,342.40 |
| 16 | Applicable median family income. Enter the median fa information is available by family size at www.usdoj.go | | | |
| | a. Enter debtor's state of residence: TN | b. Enter debtor's household size: | 4 | \$ 65,038.00 |
| 17 | Application of § 1325(b)(4). Check the applicable box ■ The amount on Line 15 is less than the amount on top of page 1 of this statement and continue with thi □ The amount on Line 15 is not less than the amount at the top of page 1 of this statement and continue w | Line 16. Check the box for "The applicabs statement. t on Line 16. Check the box for "The appl | _ | • |
| | Part III. APPLICATION OF § 1325(b |)(3) FOR DETERMINING DISPOSABI | LE INCOME | |
| 18 | Enter the amount from Line 11. | | | \$ 1,195.20 |
| 19 | Marital Adjustment. If you are married, but are not fili any income listed in Line 10, Column B that was NOT p debtor or the debtor's dependents. Specify in the lines be payment of the spouse's tax liability or the spouse's supp dependents) and the amount of income devoted to each separate page. If the conditions for entering this adjustment. | paid on a regular basis for the household exclow the basis for excluding the Column B port of persons other than the debtor or the purpose. If necessary, list additional adjustment do not apply, enter zero. | penses of the income(such as debtor's | |
| | c. Total and enter on Line 19. | \$ | | |
| 20 | Current monthly income for § 1325(b)(3). Subtract Li | ne 19 from Line 18 and enter the result | | \$ 0.00 |

| 21 | | lized current monthly income result. | ome for § 1325(b)(3). N | Multip | oly the | amount from Line 2 | 20 by the number 12 and | \$ | 14,342.40 |
|-----|--|---|---|--|-------------------------------------|--|---|----------|-----------|
| 22 | Applic | able median family incom | e. Enter the amount from | m Lin | e 16. | | | \$ | 65,038.00 |
| 23 | ☐ The | ation of § 1325(b)(3). Che amount on Line 21 is mo 25(b)(3)" at the top of page | re than the amount on | Line | 22. Cl | eck the box for "D | | nined un | der § |
| | ■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not of 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts | | | | | | | | |
| | | Part IV. C | ALCULATION (| OF I | EDU | ICTIONS FR | OM INCOME | | |
| | | Subpart A: D | eductions under Star | ndar | ds of t | he Internal Reve | enue Service (IRS) | | |
| 24A | National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | | \$ | | | |
| 24B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. | | | | | | | | |
| | Persons under 65 years of age | | Persons 65 years of age or older | | | | | | |
| | a1. | Allowance per person | | a2. | Allov | ance per person | | | |
| | b1. | Number of persons | | b2. | Numb | er of persons | | | |
| | c1. | Subtotal | | c2. | Subto | tal | | \$ | |
| 25A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | | \$ | | | |
| 25B | Housin availab the nur any add debts s not ent | Standards: housing and use and Utilities Standards; as the at www.usdoj.gov/ust/onber that would currently be ditional dependents whom ecured by your home, as ster an amount less than zero. IRS Housing and Utilities Average Monthly Payment | mortgage/rent expense for from the clerk of the bre allowed as exemption you support); enter on Lated in Line 47; subtractoro. Standards; mortgage/ren | or you bankru s on y Line b t Line | or country cour feet the tot b from | ty and family size (burt) (the applicable leral income tax ret al of the Average M | this information is e family size consists of urn, plus the number of Ionthly Payments for any | | |
| | | home, if any, as stated in L | ine 47 | | | \$ | | | |
| | | Net mortgage/rental expen | | | | Subtract Line b fr | | \$ | |
| 26 | 25B do Standa | Standards: housing and uses not accurately computered, enter any additional and tion in the space below: | the allowance to which | you a | re entit | led under the IRS I | Housing and Utilities | \$ | |

| | Local Standards: transportation; vehicle operation/public transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. | | | | |
|-----|--|---|----|--|--|
| 27A | Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7. 0 | | | | |
| | If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the | | | | |
| | Census Region. (These amounts are available at www.usdoj.gov/ust/ | | \$ | | |
| 27B | Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.gc court.) | \$ | | | |
| | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 | | | | |
| 28 | | | | | |
| | a. IRS Transportation Standards, Ownership Costs | \$ | | | |
| | Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47 | \$ | | | |
| | c. Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. | \$ | | |
| 29 | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. | | | | |
| | a. IRS Transportation Standards, Ownership Costs | \$ | | | |
| | b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ | | | |
| | c. Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. | \$ | | |
| 30 | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sales | come taxes, self employment taxes, social | \$ | | |
| 31 | Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment are required for your employment, such as mandatory uniform costs. | retirement contributions, union dues, and | \$ | | |
| 32 | Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance. | | \$ | | |
| | Other Necessary Expenses: court-ordered payments. Enter the tot | al monthly amount that you are required to | Ψ | | |
| 33 | pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49. | | \$ | | |
| 34 | Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educat education that is required for a physically or mentally challenged depoproviding similar services is available. | ion that is a condition of employment and for | \$ | | |
| 35 | Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do | | \$ | | |
| 36 | childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on | | | | |

| 37 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. | \$ | |
|----|--|----|--|
| 38 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. | \$ | |
| | Subpart B: Additional Living Expense Deductions | | |
| | Note: Do not include any expenses that you have listed in Lines 24-37 | | |
| | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. | | |
| 39 | a. Health Insurance \$ | | |
| | b. Disability Insurance \$ | | |
| | c. Health Savings Account \$ | | |
| | Total and enter on Line 39 | \$ | |
| | If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ | | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly | | |
| 41 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | \$ | |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | \$ | |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | | |
| 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income. | | |
| 46 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. | \$ | |
| | _ | | |

B 22C (Official Form 22C) (Chapter 13) (04/13)

| | | | Subpart C: Deductions for I | Debt Pavment | | | |
|------------|--|--|---|--|--|----|--|
| 47 | own, li check schedu case, d | ist the name of creditor, i whether the payment included as contractually due | claims. For each of your debts that is secundentify the property securing the debt, stated under taxes or insurance. The Average Monto each Secured Creditor in the 60 months ry, list additional entries on a separate page. | red by an interest in the the Average Mont on the Payment is the following the filing | thly Payment, and total of all amounts of the bankruptcy | | |
| | | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance | | |
| | a. | | | \$ Total: Add Lin | □yes □no | \$ | |
| 48 | Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in | | | | | | |
| | a. | Name of Creditor | Property Securing the Debt | \$ \\ \\$ | of the Cure Amount | | |
| | | | | - | Total: Add Lines | \$ | |
| 49 | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. | | | | | | |
| 7 0 | a. | | thly Chapter 13 plan payment. | \$ | | | |
| 50 | b. | issued by the Executive | your district as determined under schedules e Office for United States Trustees. (This e at www.usdoj.gov/ust/ or from the clerk | | | | |
| | c. | Average monthly admi | nistrative expense of chapter 13 case | Total: Multiply | Lines a and b | \$ | |
| 51 | Total 1 | Deductions for Debt Pa | yment. Enter the total of Lines 47 through | n 50. | | \$ | |
| | _ | | Subpart D: Total Deductions | s from Income | | | |
| 52 | Total | of all deductions from in | ncome. Enter the total of Lines 38, 46, and | d 51. | | \$ | |
| | | Part V. DETE | RMINATION OF DISPOSABLE | E INCOME UN | DER § 1325(b)(2 |) | |
| 53 | Total | current monthly income | Enter the amount from Line 20. | | | \$ | |
| 54 | payme | nts for a dependent child | nthly average of any child support payment, reported in Part I, that you received in accessary to be expended for such child. | | | \$ | |
| 55 | Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). | | | | | \$ | |
| 56 | Total | of all deductions allowe | d under § 707(b)(2). Enter the amount from | om Line 52. | | \$ | |

| | Deduction for special circumstances. If there are special there is no reasonable alternative, describe the special circ If necessary, list additional entries on a separate page. Tota provide your case trustee with documentation of these of the special circumstances. | umstances and the resulting expenses in lines a-c beloal the expenses and enter the total in Line 57. You mexpenses and you must provide a detailed explanati | ow. ust |
|----|--|---|------------|
| 57 | of the special circumstances that make such expense ne | Amount of Expense | |
| | a. b. | \$ \$ | |
| | c. | Total: Add Lines | \$ |
| 58 | Total adjustments to determine disposable income. Addresult. | d the amounts on Lines 54, 55, 56, and 57 and enter the | ne |
| 59 | Monthly Disposable Income Under § 1325(b)(2). Subtra | act Line 58 from Line 53 and enter the result. | \$ |
| | Part VI. ADDITIO | ONAL EXPENSE CLAIMS | |
| | Other Expenses. List and describe any monthly expenses, of you and your family and that you contend should be an 707(b)(2)(A)(ii)(I). If necessary, list additional sources or each item. Total the expenses. | additional deduction from your current monthly income | me under § |
| 60 | Expense Description | Monthly Amo | unt |
| | a. | \$ | _ |
| | b. c. | \$ \$ | |
| | | | |
| | lld. | | _ |
| | d. Total: Add | \$ Lines a, b, c and d \$ | |
| | Total: Add | \$ | |
| 61 | Total: Add | Lines a, b, c and d \$ LVERIFICATION | |